

PAA6

VALUING REDUCED RATES OF OROPHARYNGEAL ADVERSE EVENTS: COMPARISON OF CICLSONIDE WITH FLUTICASONE PROPIONATEWłodarczyk JH¹, Harvey C², Caesar M³¹John Włodarczyk Consulting Services, New Lambton, NSW, Australia, ²Altana Pharma Pty Ltd, North Ryde, NSW, Australia,³ALTANA Pharma AG, Konstanz, Germany

OBJECTIVES: Inhaled corticosteroids can cause oropharyngeal adverse events (OAEs). We investigated the direct costs of treating oral candidiasis and hoarseness OAEs in Australia (costs \$AUD). **METHODS:** We assumed 4% fewer OAEs in patients treated with ciclesonide (CIC), compared to fluticasone propionate (FP), based on data from a 12-week, randomized, double-blind clinical trial in patients with moderate asthma (comparable efficacy; OAE rate: CIC [400 µg/day] 0.5%; FP [500 µg/day] 4.5%; rate difference (RD) 4%, 95% CI: 1.04%–6.95%). Costings were done based on resource sparing and resource intensive assumptions. **RESULTS:** The resource sparing model assumed: 1.9 doctor visits (\$30.85 per visit) and 1.9 nystatin treatments (\$9.08 per treatment) to diagnose and treat OAE. The estimated treatment cost per OAE was \$75.87. The average cost saving per patient treated with CIC per 12-week period was \$3.03 (\$75.87 × 4%). The cost saving per prescription with CIC per 12-week period was \$2.02 (\$3.03/1.5). Sensitivity analyses showed savings per prescription of \$0.53 to \$3.52 (using lower and upper 95% CI for OAE RD). The resource intensive model assumed: 3.4 doctor visits (\$30.85 per visit) and 3.4 nystatin treatments (\$9.08 per treatment) to diagnose and treat OAE; 1.0 specialist visit (\$72.60) and 1.0 ketoconazole treatment (\$38.58). The estimated treatment cost per OAE was \$246.94. The average cost saving per patient treated with CIC per 12-week period was \$9.88 (\$246.94 × 4%). The cost saving per prescription with CIC per 12-week period was \$6.59 (\$9.88/1.50). Sensitivity analyses showed savings per prescription of \$1.71 to \$11.44 (using lower and upper 95% CI for OAE RD). **CONCLUSIONS:** We believe the improved safety profile of CIC would reduce resource use associated with treating OAEs and have favorable long-term clinical and economic outcomes.

PAA7

ANALYZING THE INFLUENCE OF SWITCHING BETWEEN DIFFERENT ASTHMA REGIMES ON MEDICATION ADHERENCE TO ASTHMA THERAPY, RESOURCE UTILIZATION AND COSTS
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OBJECTIVE: The study was undertaken to examine the impact of medication adherence on health care utilization and costs. In sub-analyses the differences between patients who switch between different regimes or agents compared to those, who continuing to take their existing medication were analysed. **METHOD:** This retrospective observational study included 1459 patients (°Y18) with asthma. From January 2001 through December 2004, the medication possession ratio (MPR) was used to assess adherence. Data on resource utilization including physician visits and hospital referrals was collected. Unit costs at 2005 prices were applied to this data to estimate the mean annual costs per patient. Indirect costs due to workdays lost were also considered. **RESULTS:** Of 1459 patients who are under anti-asthmatic therapy, 300 were taking an inhaled long-acting beta2 agonist (LABA), 278 patients an inhaled corticosteroid (ICS) and 94 patients were using both (LABA + ICS). Another 457 and 424 patients were receiving the fluticasone/salmeterol and budesonide/formoterol fixed combination, respectively. About 30% of

the patients switch between inhaled medications. This cohort showed a higher mean adherence (62%) compared to the patients continuing to take their existing inhaler (56%). Also the proportion of patients achieving an adequate adherence level was higher (46% versus 39%). However, compared with the patients who stick to their medications, those who switch between regimes or agents had more unscheduled physician visit (1,9 per switching vs. 1,59 per existing patient) and more work-loss days (14,1 days per switching vs. 6,34 days per existing patient). When comparing both the direct costs and indirect costs, switching patients caused higher costs per patient. **CONCLUSIONS:** Even though the patients who switch show a better adherence with their treatment, they cause higher mean direct and indirect costs per patient per observation year. This finding indicates that it might be better to adjust patients successfully to one product.

PAA8

A COMPARISON OF CLAIMS RATIO BETWEEN PRIMARY AND SECONDARY DRUGS IN THE MANAGEMENT OF ASTHMA. A CANADIAN ANALYSISCiobanu A

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OBJECTIVES: To compare the use of secondary drugs (SABA-Short acting beta adrenergic agents, formoterol fumarate dihydrate and formoterol fumarate) correlated to the use of primary drugs (fluticasone/salmeterol and budesonide/formoterol combination as a single inhaler), using a claims ratio measurement unit, in the management of asthma. **METHODS:** A retrospective analysis has been conducted using a Canadian health care insurance claims database. In order to obtain the claims ratio unit, the database review analysed the number of patients (claimants) that used the above-mentioned medication. The main criteria for selecting the claimants were: Patients with at least 2 claims for one of the main target drugs during the index period. Active patients: who had a claim for any drug at least 6 months before and 12 months after their first claim of the target drug during the index period. Patients that did not switch therapy between the main target drugs during the index period. The perspective was of the third party payer. **RESULTS:** The use of budesonide/formoterol combination as a single inhaler as a primary drug in the management of asthma, determined a decrease in the number of claims and use of secondary drugs (one claim of budesonide/formoterol combination as a single inhaler determined 0.71 claims of fenoterol HBR vs. 0.86 with fluticasone/salmeterol vs. 1.28 with budesonide, and vs. 0.92 with fluticasone propionate), formoterol fumarate dihydrate (0.53 vs. 0.59 vs. 1.16 vs. 0.95), and formoterol fumarate (0.44 vs. 0.47 vs. 1.43 vs. 0.83). The claims analysis shows a decrease in the claims ratio and costs of secondary drugs and overall treatment costs when using budesonide/formoterol combination as a single inhaler. **CONCLUSIONS:** The budesonide/formoterol combination as a single inhaler can represent an economically advantageous asthma treatment option compared with other primary drugs.

PAA9

THE EFFECTS OF GENERIC-ONLY DRUG COVERAGE ON INHALED CORTICOSTEROID EXPENDITURES AND USEFung V¹, Fireman B¹, Brand R², Newhouse JP³, Hsu J¹¹Kaiser Permanente, Oakland, CA, USA, ²University of California at San Francisco, San Francisco, CA, USA, ³Harvard University, Boston, MA, USA

OBJECTIVE: Generic-only drug-benefit coverage is increasingly common. There are no generic inhaled corticosteroids (ICS), therefore, patients with generic-only coverage pay full-price for ICS drugs. We examined the impact of losing brand-coverage on